United Nations DP/FPA/CPD/KHM/5

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
30 June 2015

Original: English

Second regular session 2015
31 August to 4 September 2015, New York
Item 11 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Cambodia

Proposed indicative UNFPA assistance:	$14.8 million: $11.1 million from regular resources and $3.7 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Three years (2016-2018)
Cycle of assistance:	Fifth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	6.9	1.4	8.3
Outcome 2	Adolescents and youth	0.8	0.3	1.1
Outcome 3	Gender equality and women's empowerment	1.2	0.4	1.6
Outcome 4	Population dynamics	1.6	1.6	3.2
Programme coordination and assistance		0.6	–	0.6
Total		11.1	3.7	14.8

15-11025 (E) 070715

Please recycle

I. Situation analysis

1. In 2013, with a per capita income of $1,036, Cambodia ranked 136 out of 187 countries on the human development index, according to the Human Development Report 2014. The estimated annual population growth during 2008-2013 was 1.83 per cent, while 19.8 per cent of the population is reported to live below the poverty line. Inequity still persists between rural and urban areas as well as among different socio-economic groups, notably the poor, female victims of violence, young migrant workers, entertainment workers, young garment factory workers and ethnic minorities.

2. Public expenditure on social services is traditionally low, and the country is heavily dependent on external aid. Cambodia has still made substantial progress in meeting the country's Millennium Development Goal 5 targets. From 2010 to 2014, the maternal mortality ratio decreased, from 206 per 100,000 live births to 170 per 100,000 live births; the neonatal mortality rate decreased, from 27 per 1,000 live births to 18 per 1,000 live births; deliveries by skilled birth attendants increased from 71 per cent to 89 per cent; and modern contraceptive use increased from 35 per cent to 39 per cent. Nevertheless, significant challenges remain, including the quality of care; competency of health professionals and regulation of their practice; and the standards and regulation of pre-service health professional education, including for midwives.

3. Cambodia has a large youthful population, with 32.1 per cent in the 10-24 years age group, many of whom are migrating out of rural areas, where 80 per cent of the total population of 14.7 million are living. Subnational planning processes do not sufficiently engage young people. While there is a decline in the total fertility rate from 3 children per woman in 2010 to 2.7 children per woman in 2014, teenage pregnancies have increased (from 8 per cent in 2010 to 12 per cent in 2014). Unmet need for family planning is highest in married adolescents (15 per cent), while unmarried sexually active adolescents have a low use of contraception. Less than two in five young women have comprehensive knowledge of HIV, a decline since 2010.

4. Violence against women and girls remains a serious issue, with 22 per cent of women having experienced physical, sexual or emotional violence from an intimate partner. The Government's commitment in response to this problem was clearly expressed in the Law on Prevention of Domestic Violence and Protection of Victims 2005 and the second National Action Plan to Prevent Violence against Women, 2014-2018.

5. Cambodia has recently completed the 2014 Cambodian Demographic and Health Survey; results will be released in 2015, providing an opportunity for further analysis of key issues. Preparation for the 2018 population and housing census has commenced; the Government has committed to provide 25 per cent of the estimated resources required, with fundraising efforts about to commence. However, the capacity to analyse and use disaggregated socio-demographic data at subnational levels is limited.

6. The political context until the new parliamentary elections in 2018 is predicted to be relatively stable. The strategic national action plan for disaster risk reduction recognizes that there is relatively small risk of a humanitarian disaster, with resilience and emergency preparedness efforts focused on small-scale seasonal flooding and recurring droughts.

II. Past cooperation and lessons learned

7. The fourth UNFPA country programme, in line with the United Nations Development Assistance Framework (UNDAF), 2011-2015, contributed to overall reductions in maternal mortality, increases in skilled birth attendance and the contraceptive prevalence rate, and satisfying an increasing demand for contraception.

8. The country programme evaluation revealed that UNFPA has succeeded in (a) influencing the health development agenda and leveraging resources for sexual and reproductive health and rights (SRHR), maternal health and family planning; (b) improving access to high-quality reproductive and maternal health services;

(c) increasing the number of emergency obstetric and newborn care facilities; (d) increasing access to reproductive health, family planning and HIV prevention services, including for key young populations (entertainment workers); (e) enhancing access to SRHR for adolescent and youth by developing curricula for comprehensive sexuality education for adolescents and launching multimedia initiatives on SRHR for adolescents and youth both in school and out of school; (f) supporting the second National Action Plan to Prevent Violence against Women and developing the National Guidelines for Managing Violence against Women; and (g) improving government capacity to collect, analyse and utilize population data, including the use of disaggregated population data in local planning processes.

9. The evaluation recommended (a) greater focus on vulnerable and marginalized groups, including garment factory and entertainment workers, adapting, accordingly, a geographical programme focus; (b) continuing support in the health sector through the joint programme-based approach, focusing on emergency obstetric and newborn care, skilled birth attendance, midwifery and family planning; (c) updating and integrating comprehensive sexuality education for adolescent and youth into the core national school curriculum and youth-friendly services, with increased attention to vulnerable and marginalized groups, including entertainment workers and hard-to-reach youth; (d) prioritizing the health response to violence against women and girls, in coordination with other stakeholders; (e) continuing support for the secondary data analysis of Cambodia Demographic and Health Survey 2014; (f) preparing for the population and housing census in 2018; and (g) engaging with national and subnational policy and planning processes to ensure meaningful participation of women and young people and inclusion of SRHR into development plans and budgets.

10. The previous country programmes demonstrated the value of working through programme-based approaches, as they facilitated the mainstreaming of sexual reproductive and maternal health concerns, reinforced national structures and planning processes, and leveraged large-scale government and donor support for these issues, while reducing transaction costs for the Government.

III. Proposed programme

11. The proposed fifth country programme, 2016–2018, grounded in human rights and gender equality principles, reflects the comparative advantage of UNFPA; it is aligned with national priorities, as reflected in the Cambodian National Strategic Development Plan 2014–2018, the UNFPA strategic plan, 2014–2017, and UNDAF priorities. The proposed three-year duration of the programme is to allow alignment with the five-year National Strategic Development Plan. The programme will continue to support national-level policy engagement.

12. The geographic focus of the programme at subnational levels will be selected in the country programme action plan development process and be based on UNFPA strategic plan priorities, with a focus on addressing inequity and on locations that are perfoming poorly in comparison to the national averages; country programme evaluation findings; where existing partnerships and resources can be leveraged; and where thematic convergence is possible. This prioritization will facilitate integration of successful interventions into subnational systems to ensure policy-level implementation and sustainability of investments. The programme will focus on addressing the challenges faced by vulnerable and marginalized populations.

13. The implementation of the four country programme outcome areas aim to improve the availability, quality and use of sexual and reproductive health services, including health services for survivors of violence, by strengthening national and subnational systems and capacity of both duty bearers and rights holders. The programme will facilitate the collection and use of data to make programmes and national and subnational policies, plans and budget allocations responsive to the needs of these populations; engage men and boys in the prevention of violence against women and girls; and create opportunities for youth engagement and participation.

A. Outcome 1: Sexual and reproductive health

14. Output 1: Increased national capacity to accelerate demand and improve delivery of high-quality integrated sexual and reproductive health services, including family planning, that are gender sensitive, youth friendly and rights-based. Interventions will (a) support development of key national strategies, policies and guidelines to incorporate SRHR and maternal health, family planning and adolescent and youth concerns; (b) strengthen national and subnational capacities for the provision of high-quality family planning and youth-friendly reproductive health information and services for (married and unmarried) adolescents and youth in prioritized locations; (c) support evidence-based demand generation initiatives for family planning and comprehensive SRH services, particularly for vulnerable and marginalized groups, including adolescents; and (d) contribute to strengthened multisectoral coordination in humanitarian settings.

15. Output 2: Increased national capacity to deliver comprehensive maternal health services. Interventions will (a) strengthen and expand high-quality reproductive and maternal health services, including basic and comprehensive emergency obstetric and newborn care services; and (b) strengthen midwifery education and practice regulations and national guidelines on midwifery skills and competencies.

B. Outcome 2: Adolescents and youth

16. Output 1: Increased national and sub-national capacity to advocate for increased investment in youth within development policies and programmes with young people's full participation. Interventions will (a) support revision of the planning, budgeting and social accountability framework and guidelines for national and subnational development planning platforms, to enable meaningful engagement of young people and their concerns; and (b) support capacity development of programme planners, youth leaders, youth organizations, including marginalized youth, to advocate for inclusion of youth priorities, including gender equality and prevention of violence, in national policies and programmes.

17. Output 2: Increased national capacity in designing and implementing systematic comprehensive sexuality education. Interventions will (a) ensure integration of comprehensive sexuality education into the core curricula of up to four class grades; and (b) develop national curricula for training teachers, including in working with parents and community leaders, and build the capacity of teachers in methodologies for implementing comprehensive sexuality education programmes.

C. Outcome 3: Gender equality and women's empowerment

18. Output 1: Strengthened capacity of national and subnational governments, involving civil society, in promoting sexual reproductive health and rights and in preventing violence against women and girls. Interventions will (a) engage men and boys as positive role models to support prevention of violence against women and girls; and (b) strengthen the capacity of national working groups to monitor implementation of the second National Action Plan to Prevent Violence against Women.

19. Output 2: Strengthened national and subnational health system capacity to address violence against women and girls within the coordinated multisectoral response. Interventions will (a) provide technical and financial support to the Government to develop and finalize the National Guidelines for Managing Violence against Women and the Clinical Handbook on Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence, as well as referral systems and the training curriculum for pre-service and in-service health professional education; (b) develop the capacity of health workers to provide care to survivors of violence, including in humanitarian situations, through 'cascade' training of trainers, starting with selected health staff from selected referral hospitals in prioritized locations; and (c) initiate the health-sector component for the multisectoral response to violence against women and girls in prioritized locations.

D. Outcome 4: Population dynamics

20. Output 1: Strengthened national and subnational capacity for production and dissemination of high-quality disaggregated data on population and development dynamics that allows for mapping of demographic disparities and socioeconomic inequalities. Interventions will (a) support advocacy for resource mobilization for the 2018 national population census; (b) strengthen national capacities for census data collection and in mainstreaming gender in the census process; and (c) upgrade existing national statistical systems, including for use in humanitarian situations.

21. Output 2: Increased availability and use of evidence on population dynamics, sexual and reproductive health, youth and gender issues, and their linkages to national and subnational development for policy formulation, implementation and monitoring. Interventions will (a) strengthen national and subnational capacity in data analyses and utilization for evidence-based planning and monitoring of key indicators for target population groups; and (b) provide technical assistance on formulation of key policies responding to demographic issues, including migration.

IV. Programme management, monitoring and evaluation

22. UNFPA and the Government will implement, monitor and evaluate the programme within the context of the UNDAF. The Council for the Development of Cambodia will coordinate the overall programme. The country office, key line ministries and selected implementing partners will be responsible for the joint supervision and monitoring of programme implementation and results.

23. UNFPA will primarily use national execution, led by the Government, and will collaborate with other United Nations organizations and non-governmental organizations. The Fund will use a competitive process to select non-governmental implementing partners, based on relevance to the programme and capacity for high-quality programme implementation, results focus and strong monitoring systems. All partnerships will be articulated in the detailed partnership plan. The programme will strengthen the capacity of UNFPA and its implementing partners in results-based management and will set up systems to improve monitoring and reporting of results.

24. The UNFPA country office includes staff performing management and development effectiveness functions funded from the institutional budget. In line with the human resources planning exercise, UNFPA will also allocate programme resources for staff providing technical and programme expertise as well as associated support for the implementation of the programme, based on the country programme requirements and the approved country office typology.

25. The UNFPA country office will develop a resource mobilization strategy for the country programme, in coordination with the regional office and the United Nations country team fundraising efforts for the UNDAF 2016–2018.

RESULTS AND RESOURCES FRAMEWORK FOR CAMBODIA (2016-2018)

National priority: Promotion of health and nutrition; strengthening and enhancing education, science and technology and technical training; enhancing implementation of national population policy and gender equity (National Strategic Development Plan 2014-2018)
UNDAF outcome: By 2018, more people, especially vulnerable, poor and marginalized groups, are equitably benefiting from and contributing to affordable, sustainable and high-quality social services and protection, and have gained enhanced skills to achieve and contribute to social and human development

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Contraceptive prevalence rate *Baseline: 39%; Target: 46%* • Percentage of birth attended by skilled health personnel *Baseline: 89%; Target: 91%*	Output 1: Increased national capacity to accelerate demand and improve delivery of quality integrated sexual and reproductive health services, including family planning, that are gender-sensitive, youth-friendly and rights-based	• Number of strategies, guidelines and protocols on SRHR developed *Baseline: 4; Target: 5* • Percentage of referral hospitals providing high-quality youth-friendly services in prioritized locations *Baseline: 0%; Target: 25%* • Comprehensive SRHR social behaviour change communication strategy for adolescents and youth developed and implemented in prioritized locations *Baseline: 0; Target: 1*	Ministries of Health; Interior; Women's Affairs, National Committee for Subnational Democratic Development (NCDD); National Committee for Disaster Management; health professional associations and councils; United Nations organizations; bilateral and multilateral organizations, civil society	$8.3 million ($6.9 million from regular resources and $1.4 million from other resources)
	Output 2: Increased national capacity to deliver comprehensive maternal health services	• National pre-service midwifery training standards developed *Baseline: 0; Target: 5* • Number of emergency obstetric and newborn care (EmONC) facilities per 500,000 population in prioritized locations *Baseline: 1.31 CEmONC; 1.04 BEmONC; Target: 1.4 CEmONC; 2.5 BEmONC*		
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator(s): • Teenage pregnancy *Baseline: 12%; Target: 11.5%*	Output 1: Increased national and subnational capacity to advocate for increased investment in youth within development policies and programmes, with young people's full participation	• Number of national and subnational participatory platforms for policy and programme planning engaging young people *Baseline: 0; Target: National level and in 10 prioritized locations*	Ministries of Education, Youth and Sports; Interior, Planning, NCDD, provincial and district councils and administrations; youth organizations; United Nations organizations, bilateral and multilateral organizations, civil society	$1.1 million ($0.8 million from regular resources and $0.3 million from other resources)
	Output 2: Increased national capacity in designing and implementing systematic comprehensive sexuality education	• Number of grades with comprehensive sexuality education fully integrated into the core national school curriculum *Baseline: 0; Target: 4* • Percentage of teachers receiving training on methodologies for implementing comprehensive sexuality education programme in prioritized locations *Baseline: 0% primary; 0% secondary; Target: 15% primary; 10% secondary*		

UNDAF outcome: By 2018, national and subnational institutions are more transparent and accountable for key public sector reforms and rule of law; are more responsive to the inequalities in the enjoyment of human rights of all people living in Cambodia; and increase civic participation in democratic decision-making

Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator(s): • Percentage of men aged 15-49 years who agree that a husband is justified in beating his wife for specific reasons *Baseline: 22.4%; Target: 4%*	Output 1: Strengthened capacity of national and subnational governments, involving civil society, in promoting sexual reproductive health and rights and preventing violence against women and girls	• Number of interventions that engage men and boys in preventing violence against women and girls in prioritized locations *Baseline: 1; Target: 3*	Ministries of Women's Affairs; Interior; Health; Education, Youth and Sports; Provincial Planning Department; Provincial Departments of Health and Women's Affairs; United Nations organizations, civil society	$1.6 million ($1.2 million from regular resources and $0.4 million from other resources)
	Output 2: Strengthened national and subnational health system capacity to address violence against women and girls within the coordinated multisectoral response	• Percentage of referral hospitals providing services of survivors of violence against women and girls, according to national guidelines, in prioritized locations *Baseline: 0%; Target: 25%*		
UNDAF outcome: By 2018, people living in Cambodia, particularly youth, women and vulnerable groups, are enabled to actively participate in and benefit equitably from growth and development that is sustainable and does not compromise the wellbeing, natural and cultural resources of future generations.				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Number of national policies that address key population dynamics *Baseline: 1; Target: 2*	Output 1: Strengthened national and subnational capacity for production and dissemination of high-quality disaggregated data on population and development dynamics that allows for mapping of demographic disparities and socioeconomic inequalities	• Cambodian general population census designed according to international standards *Baseline: Census- related instruments revised and developed; Target: Census data collection completed and data processing initiated*	Ministries of Planning; Health; Women's Affairs; Social Affairs, Veterans and Youth Rehabilitation; Education, Youth and Sports; Land Management, Urban Planning and Construction; Interior; Labour and Vocational Training; NCDD; United Nations organizations, bilateral and multilateral organizations	$3.2 million $1.6 million from regular resources and $1.6 million from other resources) Total for programme coordination and assistance: $0.6 million from regular resources
	Output 2: Increased availability and use of evidence on population dynamics, sexual and reproductive health, youth, and gender, and their linkages to national and subnational development for policy formulation, implementation and monitoring	• Number of national policies and plans informed by recent results of nationwide population surveys *Baseline: 0; Target: 2 policies and 4 plans* • Percentage of subnational planning bodies trained in analysing and utilizing 2014 Cambodia Demographic Health and Survey data in prioritized locations *Baseline: 0%; Target: 50%*		